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55694 7590 03/12/2010
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(Depositor's name)

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/594,531	11/28/2007	Kiyoshi Tateishi	46969-5453	4675
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TITLE OF INVENTION: TWO-DIMENSIONAL MODULATION METHOD FOR HOLOGRAM RECORDING AND HOLOGRAM APPARATUS WITH ENCODER FOR DRIVING SLM DISPLAYING BOUNDARY PORTION

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional	NO	\$1510	\$300	\$0	\$1810	06/14/2010
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EXAMINER	ART UNIT	CLASS-SUBCLASS
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DOAK, JENNIFER L	2872	359-021000
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1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.563). <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, the name will be printed.	<input type="checkbox"/> DRINKER BIDDLE & REATH LLP 3.
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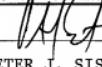
PIONEER CORPORATION**TOKYO, JAPAN**

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted: <input checked="" type="checkbox"/> Issue Fee <input checked="" type="checkbox"/> Publication Fee (No small entity discount permitted) <input checked="" type="checkbox"/> Advance Order - # of Copies 4	4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) <input type="checkbox"/> A check is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input type="checkbox"/> The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-0573 (enclose an extra copy of this form).
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Authorized Signature Date JUNE 3, 2010Typed or printed name PETER J. SISTARERegistration No. 48,183

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